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PTO SB/01 (9-97)

Approved for use through 6/30/98. OM S 3651-0012
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	70368-84
		First Named Inventor	William W. Muir, Jr.
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration submitted with or initial filing		Application No.	
<input type="checkbox"/> Declaration submitted after initial filing		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGE WITH ATTACHED RESEALABLE COVER AND METHOD OF MAKING SAME
(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Thereby claim the benefit under Title 35, United States Code § 119 (a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/295,650	06/04/01	<input type="checkbox"/>

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Approved through 6/30/98, ON 8 0651-4032
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DECLARATION - Utility Or Design Patent Application			
I hereby claim the benefit under Title 35, United States Code §154 of any United States application of or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the third paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is a material patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available to me on the filing date of the prior application and the national or PCT international filing date of this application.			
U S Patent Application Number	PCT Parent Number	Parent Filing Date (M M / D D / Y Y Y Y)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/A28 attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
<input checked="" type="checkbox"/> Custom er Number 20915 Or <input type="checkbox"/> Registered practitioner(s) name and registration number listed below		Place Custom er Number Bar Code Label(s) em	
Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	Mark A. Davis	37,118
H. Lawrence Smith	24,900	G. Thomas Wilkins	42,228
Joel B. Bair	33,356	Michael F. Kelly	50,859
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/A2C attached hereto.			
Direct all correspondence to <input checked="" type="checkbox"/> Custom er Number 20915 or Bar Code Label or <input type="checkbox"/> Correspondence Address below			
Name	John E. McGarry, Reg. No. 22,360 McGarry Bair LLP		
Address	171 Monroe Avenue, NW, Suite 600		
City, State, Zip	Grand Rapids, Michigan 49503		
Country	US	Telephone	616-742-3500
		Fax	616-742-1010
I hereby declare that all statements made herein are true and that all statements made herein are believed to be true and further that these statements are true and that I know the facts stated herein and the law as applied to the facts stated herein and that I am not aware of any facts which would make the statements made herein false or misleading.			
Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
William W.		Muir, Jr.	
Inventor's Signature			Dated 5/31/02
Residence: City	Grand Rapids	State	MI
		Country	US
Post Office Address	2764 Pioneer Club Drive		
City	Grand Rapids	State	MI
		Zip	49506
		Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/A2A attached hereto.			

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PRO 58/02A (3-97)

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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Frank G.		deBinh					
Inventor's Signature						Dated 5/31/02	
Residence: City	Grand Rapids	State	MI	Country	US	Citizenship	US
Post Office Address		1546 R. Berton, S.E.					
City	Grand Rapids	State	MI	Zip	49546	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	